

IMLS PROGRAM INFORMATION SHEET

PLEASE NOTE: Information contained within this form may be made publicly available.

1. Applicant Information

a. Legal Name (5a from SF424S):

b. Applicant D-U-N-S® Number (5f from SF424S):

c. Does your organization have a current SAM.GOV registration? Yes No

If yes, what is the expiration date of your registration?

d. Organizational Unit (if different from Legal Name):

e. Organizational Unit Address

Street 1

Street 2

City

County

State

Zip+4/Postal Code

f. Organizational Unit Type (Check One):

Academic Library

Aquarium

Arboretum/Botanical Garden

Art Museum

Children's/Youth Museum

Community College

Four-year College

General Museum*

Graduate School of Library and
Information Science

Historic House/Site

Historically Black College or
University (HBCU)

History Museum

Library Association

Library Consortium

Museum Library

Museum Services

Organization/Association

Native American Tribe/Native
Hawaiian Organization

Natural History/Anthropology
Museum

Nature Center

Planetarium

Public Library

Research Library/Archives

School Library or School District
applying on behalf of a School
Library or Libraries

Science/Technology Museum
Special Library

Specialized Museum**

State Library
State Museum Agency
State Museum Library
Zoo

Institution of higher education
other than listed above

Other

If other please specify:

* A museum with collections representing two or more disciplines equally (e.g., art and history)

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, maritime, ethnic group)

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2. Organizational Financial Information

a. Please complete the following table for the applicant Organizational Unit for the three most recently completed fiscal years

Fiscal Year	Annual Operating Budget	Total Revenue*	Total Expenses**	Surplus or Deficit

* For nonprofit tax filers, Total Revenue can be found on Line 12 of the IRS Form 990

** For nonprofit tax filers, Total Expenses can be found on Line 18 of the IRS Form 990

b. If you had a budget surplus or deficit greater than 10% of your annual operating budget for two or more of the three fiscal years listed above, please explain the circumstances of this surplus or deficit in the box below.

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c. Were there any material weaknesses identified in your prior year's audit report?

Yes

No

Not applicable

A **material weakness** is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

If **yes**, please explain.

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d. Has your organization had an A-133 audit in the past three years?

Yes

No

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3. Grant Program Information

a. Laura Bush 21st Century Librarian Program

Select one funding category:

- Project Grant
- Collaborative Planning Grant
- National Forum Planning Grant

Select one project category:

- Masters-level Programs
- Doctoral-level Programs
- Early Career Development
- Continuing Education
- Programs to Build Institutional Capacity
- Research

b. National Leadership Grants for Libraries

Select one funding category:

- Project Grant
- Collaborative Planning Grant
- National Forum Planning Grant

Select one project category:

- Advancing Digital Resources
- Demonstration
- Research

c. Native American/Native Hawaiian Library Services

Select one funding category:

- Basic Grant Only
- Basic Grant with Education/Assessment Option
- Enhancement Grant
- Native Hawaiian Library Services

d. Sparks! Ignition Grants

Select one:

- Museum
- Library

e. Museums for America

Select one project category:

- Learning Experiences
- Community Anchors
- Collections Stewardship

Select one:

- IMLS funds requested total \$25,000 or less with no applicant cost share.
- IMLS funds requested total more than \$25,000 with applicant cost share.

f. National Leadership Grants for Museums

Select one project category:

- Learning Experiences
- Community Anchors
- Collections Stewardship

g. Museum Grants for African American History and Culture

h. Native American/Native Hawaiian Museum Services

4. Please check this box if your project addresses STEM goals

5. Funding Request Information

a. IMLS funds requested:

b. Cost share amount:

6. Project Subject Area

Please select the subject area(s) addressed by the proposed project:

- | | | |
|----------------------------------|--------------------------------|---|
| 21 st Century Skills | Digital Literacy | Information |
| Afterschool/Out-of-School | Disaster Preparedness | Infrastructure/Systems/Workflows |
| Accessibility | Early Learning | Learning Tools and Interactives |
| Broadband | Economic/Community Development | Lifelong Learning |
| Civic Engagement | Education Support | Intergenerational |
| Community Engagement | Environment and Energy | STEM (Science, Technology, Engineering, Math) |
| Collections Care/Preservation | Global Awareness | Workforce Development/Job Assistance |
| Cultural Heritage/Sustainability | Health and Wellness | Other |

If other, please specify:

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7. Population Served

Please select the population(s) served by the proposed project:

General Population	Museum and/or Library Professionals
Early Childhood/Preschool (0-5 years)	Native Americans/Native Hawaiians/Alaskans Native
Middle Childhood/Primary School (6-12 years)	People with Mental or Physical Challenges/Disabilities
Adolescents/High School (13-19 years)	People who are Low Income/Economically Disadvantaged
Adults	Rural Populations
Aging, Elderly, Senior Citizens (65+ years)	Scholars/Researchers
Ethnic or Racial Minority Populations other than Native Americans/Native Hawaiians	Unemployed
Families/Intergenerational	Urban Populations
Immigrants/Refugees	Other
Military Families	

If other, please specify:

8. Museum Profile (Museum Applicants Only)

a. Is the institution either a unit of state or local government or a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code and that is organized on a permanent basis for essentially educational or aesthetic purposes? Yes No

b. Does the institution own or use tangible objects, whether animate or inanimate? Yes No

c. Does the institution care for tangible objects, whether animate or inanimate? Yes No

d. Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates? Yes No

e. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates? Yes No

f. Institution's attendance for the 112-month period prior to the application

On-site: Off-site:

g. Year the institution was first open and exhibiting to the public:

h. Total number of days the institution was open to the public for the 12-month period prior to application:

i. Does the institution employ at least one professional staff member, or the full-time equivalent, whether paid or unpaid, who is primarily engaged in the acquisition, care, or exhibition to the public of tangible objects owned or used by the institution? Yes No

j. Number of full-time paid institution staff:

k. Number of full-time unpaid institution staff:

l. Number of part-time paid institution staff:

m. Number of part-time unpaid institution staff:

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9. Project Elements (Museums for America and National Leadership Grants for Museums Applicants Only)

Your response to this question will help us match your application to reviewers with appropriate experience. Begin by choosing the project category that you selected in Question 3 (Grant Program Information).

LEARNING EXPERIENCES

If you are applying in the Learning Experiences Project Category, select the **primary** element that is core to your proposed project from the list below. **Check only one.**

Adult Programs/Lifelong Learning
Early Learning
Exhibitions
Family Programs
Gallery Technology
Interpretation
K-12 Programs with Schools

K-12 Programs – Out of School
Professional Development/Training
Public Programs
Social Media
Software Applications
Website Development
Other

If other, please specify:

COMMUNITY ANCHORS

If you are applying in the Community Anchors Project Category, select the **primary** element that is core to your proposed project from the list below. **Check only one.**

Audience Development
Audience Evaluation
Civic Engagement/Community Outreach
Community Needs Assessment
Education and Public Programs
Digital Media Tools
Organizational Development/Capacity Building

Professional Training
Social Media
Technology Systems, Upgrades and Planning
Visitor Experience
Other

If other, please specify:

COLLECTIONS STEWARDSHIP

If you are applying in the Collections Stewardship Project Category, select the **primary** element that is core to your proposed project from the list below. **Check only one.**

Collections Management – Cataloguing, Inventorying, Registration
Collections Planning/Policy Development
Conservation – Environmental Improvement/Rehousing
Conservation – Survey

Conservation – Treatment
Information Management – Database Management, Computerization of Collection Records
Research
Other

If other, please specify:

Types of Material

For conservation projects only. Please identify the material type(s) that will be primarily affected by your project.

Animals, living
Animals, preserved
Architecture
Books and Paper
Electronic Media
Objects
Paintings

Photographic Materials
Plants, living
Plants, preserved
Sculpture
Textiles
Wooden Artifacts